## **2003 FOR PROFIT CORPORAT**

2003 FOR PROFIT CORPORAT UNIFORM BUSINESS REPORT ( DOCUMENT # 300408  1. Entity Name SAWYER, NUNN & ASSOCIATES OF MIAMI, INC.					FILED Apr 10, 2003 8:00 ar Secretary of State 04-10-2003 90142 024 ***150.00	
3663 2ND ST ST AUGUSTIN US	IE FL 32086	Mailing Address 3663 2ND STREE ST AUGUSTINE F US	L 32086			
	Place of Business	3. Mailing Addres				
Suite, Apt.		Suite, Apt. #, et	c.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		·	4. FEI Number 59-1061723 Applied For Not Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<del>-</del>	Name	7. Name and Address of New Registered Agent	
3663 2ND	MES W JR STREET ISTINE FL 32086			Street Address	s (P.O. Box Number is Not Acceptable)	
				City	Zip Code	
signature .	Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of	nd title if applicable.		d Agent signature requin	percent agent, or both, in the State of Florida. I am familiar with, and accept  DATE  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	<u></u>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES W. NUNN, JR. 3663 2ND ST MOULTREE ST AUGUSTINE FL	□ Dela	NAM Stre	,	Change Addition	ション・・ トラライ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUNN,CYNTHIA 3663 2ND ST ST AUGUSTINE FL	☐ Dele	NAM Stre		☐ Change ☐ Addition	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUNN CYNTHIA 3663 2ND ST ST AUGUSTINE FL	- ∵⊡ Dele	NAM STRE	1	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV DNUNN, CYNTHIA 3663 2ND ST ST AUGUSTINE FL	☐ Dele	NAM Stre		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAM STRE		☐ Change ☐ Addition	
TITLE NAME		☐ Dele	tie TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP